



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

1-12-18

18 JAN 12 P1:47

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST	
NAME (Last) (First) (Middle) Hamasaki, Peter James	TELEPHONE 808-529-7333
MAILING ADDRESS (Street) Five Waterfront Plaza, Suite 400 500 Ala Moana Boulevard	FAX 808-524-8293
(City) Honolulu	(State) Hawaii
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) McCorriston Miller Mukai MacKinnon LLP	EMAIL hamasaki@m4law.com
MAILING ADDRESS (No. and Street or P.O. Box) P. O. Box 2800	TELEPHONE 808-529-7300
(City) Honolulu	(State) Hawaii
	FAX 808-524-8293
	EMAIL info@m4law.com
	(Zip Code) 96803-2800

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Charley's Taxi Radio Dispatch Corp.	TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box) 1451 S. King Street, Suite 300	FAX
(City) Honolulu	(State) Hawaii
	EMAIL
	(Zip Code) 96814

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$0.00	Receptions, Meals, Food & Beverages	Amount \$0.00
Preparation & Distribution of Lobbying Materials	Amount \$0.00	Media Advertising	Amount \$0.00
Entertainment & Events	Amount \$0.00	Other	
TOTAL \$0.00			

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees Legal Fees	Amount \$7,125.00
Compensation	Amount \$0.00
Contributions	Amount \$0.00
Membership Fees	Amount \$0.00
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

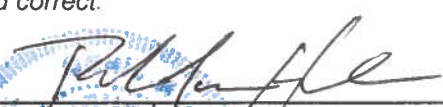

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

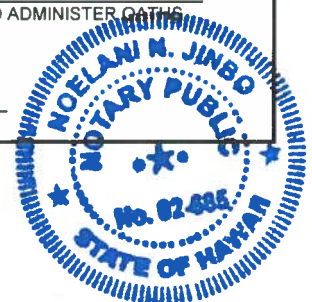
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Potential amendments to Ord. 16-25 - no enactment.	4.
2. Potential amendments to Ord. 16-38 - no enactment.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

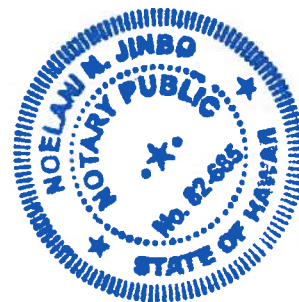
PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE January 10, 2018 DATE	Subscribed and sworn to before me This <u>10th</u> day of <u>January</u> , 2018 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>September 22, 2018</u>
---	--





NOTARY PUBLIC CERTIFICATION
Neelani N. Jinbo First Circuit
Doc. Description: Annual Report
(Lobbyist Annual Report)
No. of Pages: 2 Date of Doc. JAN 10 2018
[Signature] JAN 10 2018
Notary Signature Date



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

3 1.12.18

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

18 JAN 10 P 3:05

PART I LOBBYIST

NAME (Last) (First) (Middle) Hannemann Mulufi F.		TELEPHONE (808) 923-0407
MAILING ADDRESS (Street) 2270 Kalakaua Avenue Suite 1702		FAX (808) 924-3843
		EMAIL mhannemann@hawaiilodging.org
(City) Honolulu	(State) HI	(Zip Code) 96815
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Lodging & Tourism Association /		TELEPHONE (808) 923-0407
MAILING ADDRESS (No. and Street or P.O Box) 2270 Kalakaua Avenue Suite 1702		FAX (808) 924-3843
		EMAIL info@hawaiilodging.org
(City) Honolulu	(State) HI	(Zip Code) 96815

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation Lobbying constitutes 10% of annual salary	Amount \$18,700
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input checked="" type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

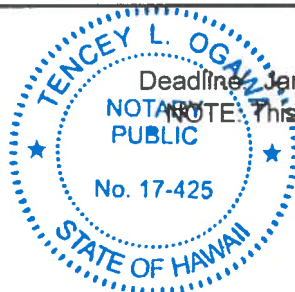
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Real Property Tax Increase for Hotels: Reso 17-70	4. Urging HSAC to support the GET surcharge for the Rail
2. County enforcement on transient vacation rentals	5. Naming of an entertainment venue in honor of Tom Moffatt
3. Utilizing public private partnerships for rail improvements	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/10/18 DATE	Subscribed and sworn to before me This 10th day of January, 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 10/08/2021
--	---

Rev. 12/2017



Deadline January 10th of Each Year

NOTE: This is a public document

Doc. Date: _____ # Pages 2

UNDATED AT THE TIME OF NOTARY
Notary Name: Tencey L. Ogawa First Circuit

Doc. Description Annual Report

 01/10/2018
Notary Signature Date



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

03 1.12.18

18 JAN 10 P12:14

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Hayashi, Clyde T.		TELEPHONE 808-845-3238
MAILING ADDRESS (Street) 650 Iwilei Road, #285		FAX 808-845-8300
		EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii LECET ✓		TELEPHONE 808-845-3238
MAILING ADDRESS (No. and Street or P.O Box) 650 Iwilei Road, #285		FAX 808-845-8300
		EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$.00	Receptions, Meals, Food & Beverages	Amount \$.00
Preparation & Distribution of Lobbying Materials	Amount \$.00	Media Advertising	Amount \$.00
Entertainment & Events	Amount \$.00	Other	
TOTAL \$.00			

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): None (From January 2017 to September 2017)		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>1-9-18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9th</u> day of <u>January</u>, <u>2018</u>.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>TERRI LYNN K. K. TANAKA</p> <p>My commission expires: Notary Public, First Judicial Circuit State of Hawaii</p> <p><small>*My Commission Expires: January 29, 2018</small></p>
---	--

Document Date: 11/9/2018 # Pages: 3

Notary Name: TERRI LYNN K.K. TANAKA First Circuit

Doc. Description: annual report

Terrilyn K.K. Tanaka 11/9/2018
Notary Signature Date

62



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

31-22-18
18 JAN 10 P12:15

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Hayashi, Clyde T.		TELEPHONE 808-841-0491
MAILING ADDRESS (Street) 2251 North School Street		FAX 808-847-4782
		EMAIL chayashi@opcmia630.org
(City) Honolulu	(State) Hawauu	(Zip Code) 85819
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Masons' Union, Local 630		TELEPHONE 808-841-0491
MAILING ADDRESS (No. and Street or P.O Box) 2251 North School Street		FAX 808-847-4782
		EMAIL chayashi@opcmia630.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96819

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$.00	Receptions, Meals, Food & Beverages	Amount \$.00
Preparation & Distribution of Lobbying Materials	Amount \$.00	Media Advertising	Amount \$.00
Entertainment & Events	Amount \$.00	Other	
TOTAL \$.00			

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): None (From October 2017 to December 2017)		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>1-9-18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9th</u> day of <u>January</u>, <u>2018</u>.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>TERRI LYNN K. K. TANAKA</p> <p>My commission expires: Notary Public, First Judicial Circuit State of Hawaii</p> <p>My Commission Expires: January 29, 2018</p>
--	--

Document Date: 01/9/2018 # Pages: 3

Notary Name: TERRI LYNN K.K. TANAKA First Circuit

Doc. Description: Annual Report

Terrilyn K.K. Tanaka 1/9/2018
Notary Signature Date

6



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

1.12.18

'18 JAN 10 P3:05

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) Jared Higashi S.		TELEPHONE (808) 923-0407
MAILING ADDRESS (Street) 2270 Kalakaua Avenue Suite 1702		FAX (808) 924-3843
		EMAIL jhigashi@hawaiilodging.org
(City) Honolulu	(State) HI	(Zip Code) 96815
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Lodging & Tourism Association ✓		TELEPHONE (808) 923-0407
MAILING ADDRESS (No. and Street or P.O Box) 2270 Kalakaua Avenue Suite 1702		FAX (808) 924-3843
		EMAIL info@hawaiilodging.org
(City) Honolulu	(State) HI	(Zip Code) 96815

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation Lobbying constitutes 7% of annual salary	Amount \$4,025
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input checked="" type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

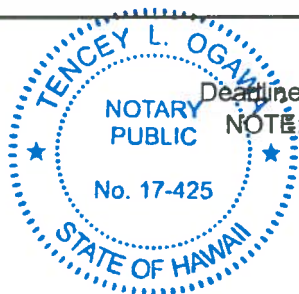
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Real Property Tax Increase for Hotels: Reso 17-70	4. Urging HSAC to support the GET surcharge for the Rail
2. County enforcement on transient vacation rentals	5. Naming of an entertainment venue in honor of Tom Moffatt
3. Utilizing public private partnerships for rail improvements	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/10/2018 DATE	Subscribed and sworn to before me This 10th day of January, 2018 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 10/08/2021
---	---

Rev. 12/2017




Doc. Date: UNDATED AT THE Pages 2

Deadline: January 10th of Each Year

NOTE: This is a public document

TIME OF NOTARY
Notary Name: Tencey L. Ogawa First Circuit

Doc. Description Annual Report

 01/10/2018
Notary Signature Date

**CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST ANNUAL REPORT FORM**

Name HIRAKI KENNETH T.
(Print) Last First Middle

Business Address 1177 Bishop St Hon 96813 Phone 375-5336
(Street, City, State, Zip Code)

Email Address: Ken Hiraki @ msh.com

State name and address of organization you lobbied for.

Hawaiian Telcom Communications
1177 Bishop Street Hon HI 96813

State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.

0

State total amount expended for lobbying by lobbyist.

0

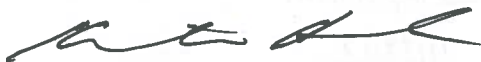
List results of the legislation you sought to influence.

0

Other information.

17 DEC 12 AM 53
HONOLULU
ETHICS COMMISSION
RECEIVED

I hereby certify that the foregoing statements are true and correct.



(Signature)

Subscribed and sworn to before me

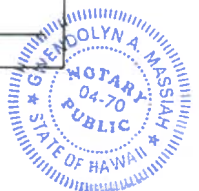
This 29th day of November, 2017.

By Gwendolyn A. Massiah

Notary or any official authorized to administer oaths
GWENDOLYN A. MASSIAH

My commission expires: FEB. 22, 2020

Notary Certification on reverse side



DUE DATE OF THIS REPORT IS JANUARY 10 OF EACH YEAR

(See back of this form for information.)

PLEASE RETAIN A COPY FOR YOUR RECORDS

2017-12-17

Doc. Date: No Date # Pages: 1

Name: GWENDOLYN A. MASSIAH Circuit


Doc. Description: City + County of Honolulu
Ethics Commission Lobbyist Annual Report Form

Gwendolyn A. Massiah 11/29/17
Signature Date

NOTARY CERTIFICATION



**CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST ANNUAL REPORT FORM**

Name	<u>HIRAKI</u>	<u>KENNETH</u>	<u>T.</u>
	(Print) Last	First	Middle
Business Address	<u>1177 Bishop St Hon 96813</u> <small>(Street, City, State, Zip Code)</small>		
Email Address:	<u>Ken Hiraki @ msh.com</u>		
State name and address of organization you lobbied for. <u>Hawaiian Telecom Services Company, Inc</u> <u>1177 Bishop Street, Hon HI 96813</u>			
State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities. <u>0</u>			
State total amount expended for lobbying by lobbyist. <u>0</u>			
List results of the legislation you sought to influence. <u>0</u>			
Other information.			
I hereby certify that the foregoing statements are true and correct.		Subscribed and sworn to before me This <u>29th</u> day of <u>November</u> , 20 <u>17</u> .	
 (Signature)		By <u>Gwendolyn A. Massiah</u> Notary or any official authorized to administer oaths GWENDOLYN A. MASSIAH	
		My commission expires: <u>FEB. 22, 2020</u> <u>Notary Certification on reverse side</u>	

HONOLULU
ETHICS COMMISSION
RECEIVED

17 DEC 12 AM 53

DUE DATE OF THIS REPORT IS JANUARY 10 OF EACH YEAR

(See back of this form for information.)

PLEASE RETAIN A COPY FOR YOUR RECORDS

12-12-17

Doc. Date: My Date # Pages: 1

Name: GWENDOLYN A. MASSIAH Circuit

Doc. Description: City & County of Honolulu

Ethics Commission Lobbyist Annual Report Form

Signature: Gwendolyn A. Massiah Date: 11/29/17

NOTARY CERTIFICATION



**CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST ANNUAL REPORT FORM**

Name HIRAKI KENNETH T.
(Print) Last First Middle

Business Address 1177 Bishop St Hon 96813 Phone 375-5336
(Street, City, State, Zip Code)

Email Address: Ken Hiraki @ msn . com

State name and address of organization you lobbied for.

Hawaiian Telcom, Inc.
1177 Bishop St Hon HI 96813

State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.

0

State total amount expended for lobbying by lobbyist.

0

List results of the legislation you sought to influence.

DAK
N.P.

Resolution 17-68 10/03/18
resolution passed

17 DEC 12 AM 1:53

HONOLULU
ETHICS COMMISSION
RECEIVED

Other information.

I hereby certify that the foregoing statements are true and correct.

[Signature]

(Signature)

Subscribed and sworn to before me

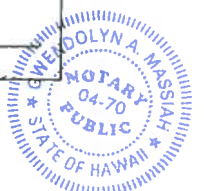
This 29th day of November, 2017.

By Gwendolyn A. Massiah

Notary or any official authorized to administer oaths
GWENDOLYN A. MASSIAH

My commission expires: FEB. 22, 2020

Notary Certification on Reverse Side



DUE DATE OF THIS REPORT IS JANUARY 10 OF EACH YEAR

(See back of this form for information.)

PLEASE RETAIN A COPY FOR YOUR RECORDS

12.12.17

Doc. Date: No Date # Pages: 1
Name: GWENDOLYN A. MASSIAH 1st Circuit

Doc. Description: City & County of Honolulu
Ethics Commission Lobbyist Annual Report Form

Gwendolyn A. Massiah 11/29/07
Signature Date

NOTARY CERTIFICATION



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

319-18

HONOLULU
ETHICS COMMISSION
RECEIVED**ANNUAL REPORT**Lobbyist Annual Report
(Type or Print Clearly)

18 JAN -8 P4:25

PART I LOBBYIST

NAME (Last) (First) (Middle) Wan Hong, Lea		TELEPHONE 808-524-8563
MAILING ADDRESS (Street) The Trust for Public Land 1003 Bishop St., Suite 740		FAX 808-524-8565
(City) Honolulu (State) HI		EMAIL lea.hong@tpl.org
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		(Zip Code) 96813
MAILING ADDRESS (No. and Street or P.O. Box)		TELEPHONE
(City) (State)		FAX
		EMAIL
		(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Trust for Public Land		TELEPHONE 808-524-8560
MAILING ADDRESS (No. and Street or P.O. Box) 1003 Bishop St., Suite 740		FAX 808-524-8565
(City) Honolulu (State) HI		EMAIL lea.hong@tpl.org
		(Zip Code) 96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount \$15.00	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL \$15.00	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation \$187.50	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

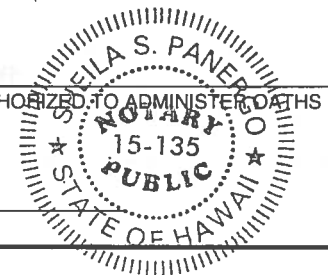
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Clean Water & Natural Lands Fund		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Clean Water & Natural Lands Fund projects and process	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/4/2018 DATE	Subscribed and sworn to before me This 4 day of January, 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: APR 05 2019
---	---



JURAT WITH AFFIANT STATEMENT

State of Hawaii

County of Honolulu

First Judicial Circuit

} ss.

- ☒ See attached document (Notary to cross out lines 1–8 below.)
☐ See statement below (Lines 1–8 to be completed only by document signer[s].)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____

N/A

Signature of Signer No. 1

N/A

Signature of Signer No. 2

Document Description:

Annual Report

JAN 04 2018

Document Date: _____

No. Pages: 1

Subscribed and sworn to (or affirmed) before me

this 4 day of January, 2018

Date

Month

Year

by

(1)

Lea Hong

Name of Signer

and

(2)

N/A

Name of Signer

Sheila S. Panergo

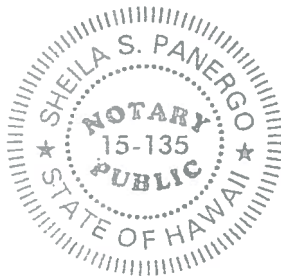
Notary's Signature

JAN 04 2018

Date

Sheila S. Panergo

Printed Name of Notary



My commission expires: APR 05 2019

Place Notary Seal or Stamp Above

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

8-1-17-18

18 JAN -9 P2:58

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Hudson, Jennifer		TELEPHONE 503-708-9714
MAILING ADDRESS (Street) 91-056 Hanua Street		FAX
		EMAIL jhudson@schm.com
(City) Kapolei	(State) HI	(Zip Code) 96707
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Schnitzer Steel Hawaii Corp		TELEPHONE 503-708-9714
MAILING ADDRESS (No. and Street or P.O Box) 91-056 Hanua Street		FAX
		EMAIL
(City) Kapolei	(State) HI	(Zip Code) 96707

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$1,200.00
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a




PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. None. 3/17/18	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1-8-18 DATE	Subscribed and sworn to before me This 8 day of January, 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: June 12, 2021 <div style="border: 1px solid black; padding: 5px; width: fit-content;">  OFFICIAL STAMP KARMA JOY MCDOWELL NOTARY PUBLIC-OREGON COMMISSION NO. 963032 MY COMMISSION EXPIRES JUNE 12, 2021 </div>
---	--



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

21-12-18 ✓

HONOLULU
ETHICS COMMISSION
RECEIVED

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

18 JAN -9 A8 56

PART I LOBBYIST

NAME (Last) (First) (Middle) Hughes, Brian /		TELEPHONE 202-794-7387
MAILING ADDRESS (Street) 615 Piikoi Street, Suite 402		FAX
		EMAIL bhughes@uber.com
(City) Honolulu	(State) HI	(Zip Code) 96814
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Uber Technologies, Inc		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O Box) 1455 Market Street, 4th Floor		FAX
		EMAIL
(City) San Francisco	(State) CA	(Zip Code) 94103

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Uber Technologies, Inc /		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O Box) 1455 Market Street, 4th Floor		FAX
		EMAIL
(City) San Francisco	(State) CA	(Zip Code) 94103

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
TOTAL 0.00			

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

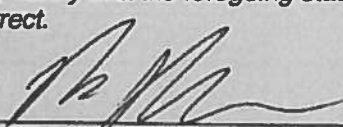
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/3/18 DATE	Subscribed and sworn to before me This 3 RD day of January, 2018. By: Katherine Mason NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 1/25/2020
---	--



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

31-12-18

18 JAN 10 P7:15

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Imanaka, Mitchell A.		TELEPHONE 521-5500
MAILING ADDRESS (Street) 745 Fort Street Mall, 17th Floor		FAX 541-9050
		EMAIL mimanaka@imanaka-asato.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Imanaka Asato, LLLC		TELEPHONE 521-9500
MAILING ADDRESS (No. and Street or P.O Box) 745 Fort Street Mall, 17th Floor		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Avalon Development Company		TELEPHONE 587-7773
MAILING ADDRESS (No. and Street or P.O Box) 800 Bethel Street, Suite 501		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL N/A	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

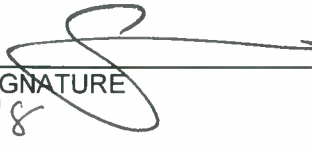

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

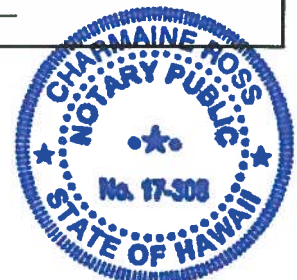
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) 2017 Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 1/8/18 DATE	Subscribed and sworn to before me This 8 th day of January, 2018. By: Charmaine Ross  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS 1st Circuit, 2pgs, Annual Report My commission expires: July 25, 2021
--	---





HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

'18 JAN 10 P 7:11

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Iosua, Michael L.		TELEPHONE 521-5500
MAILING ADDRESS (Street) 745 Fort Street Mall, 17th Floor		FAX 541-9050
		EMAIL miosua@imanaka-asato.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Imanaka Asato, LLLC		TELEPHONE 521-9500
MAILING ADDRESS (No. and Street or P.O. Box) 745 Fort Street Mall, 17th Floor		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Avalon Development Company		TELEPHONE 587-7773
MAILING ADDRESS (No. and Street or P.O. Box) 800 Bethel Street, Suite 501		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions see https://data.hawaii.gov/	Amount N/A MI 5/2/18 apps/campaignspending	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
TOTAL			

'18 MAR 28 P 1:03
98-2818-
HONOLULU
ETHICS COMMISSION
RECEIVED

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$13,000.00
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

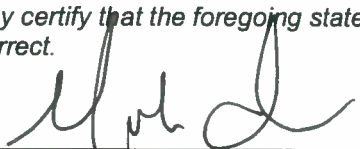
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>15, 58, 59</u> (Year) <u>2017</u> Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Bills are still pending.	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>LOBBYIST SIGNATURE</p> <p><u>1/8/2018</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, <u>2018</u>.</p> <p>By: <u>Charmaine Ross</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p><u>1st Circuit, 2pgs, Annual Report</u></p> <p>My commission expires:</p> <p><u>July 25, 2021</u></p>
---	--



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

31-12-18

18 JAN 10 P7:12

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle) Iosua, Michael L.		TELEPHONE 521-5500
MAILING ADDRESS (Street) 745 Fort Street Mall, 17th Floor		FAX 541-9050
		EMAIL miosua@imanaka-asato.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Imanaka Asato, LLLC		TELEPHONE 521-9500
MAILING ADDRESS (No. and Street or P.O Box) 745 Fort Street Mall, 17th Floor		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Haseko Development, Inc. ✓		TELEPHONE 689-7772
MAILING ADDRESS (No. and Street or P.O Box) 91-1001 Kaimalie Street, Suite 205		FAX
		EMAIL dlum@haseko.com
(City) Ewa Beach	(State) HI	(Zip Code) 96706

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL -0-	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

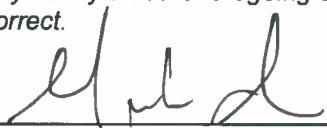
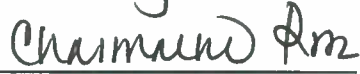
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/8/2018 DATE	Subscribed and sworn to before me This 8 th day of January, 2019. By: Charmaine Ross  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS 1st Circuit, 2pgs, Annual Report My commission expires: July 25, 2021
---	---





HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY
**HONOLULU
ETHICS COMMISSION
RECEIVED**

'18 JAN 10 P 7:12

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Iosua, Michael L.		TELEPHONE 521-5500
MAILING ADDRESS (Street) 745 Fort Street Mall, 17th Floor		FAX 541-9050
		EMAIL miosua@imanaka-asato.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Imanaka Asato, LLLC		TELEPHONE 521-9500
MAILING ADDRESS (No. and Street or P.O Box) 745 Fort Street Mall, 17th Floor		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Mana'olana Partners, LLC		TELEPHONE 310-806-4200
MAILING ADDRESS (No. and Street or P.O Box) 11111 Santa Monica Blvd., Suite 2250		FAX
		EMAIL
(City) Los Angeles	(State) CA	(Zip Code) 90025

PART III EXPENDITURES, BY TYPE			
Political Contributions <small>see https://data.hawaii.gov/apps/campaignspending</small>	Amount <i>N/A m3 3/22/18</i>	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
TOTAL			

'18 MAR 28 P 1:04
93-2818
HONOLULU
ETHICS COMMISSION
RECEIVED

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$7,000.00
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

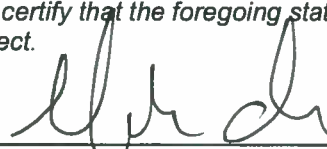
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. <u>221</u> (Year) <u>2017</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Passage of Resolution 17-221, adopted 9/06/17	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/3/2018 DATE	Subscribed and sworn to before me This <u>8th</u> day of <u>January</u> , <u>2018</u> By: <u>Charmaine Ross</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <u>1st Circuit, 2pgs, Annual Report</u> My commission expires: <u>July 25, 2021</u>
---	---





HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

'18 JAN 10 P7:12

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) Iosua, Michael L.		TELEPHONE 521-5500
MAILING ADDRESS (Street) 745 Fort Street Mall, 17th Floor		FAX 541-9050
		EMAIL miosua@imanaka-asato.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Imanaka Asato, LLC		TELEPHONE 521-9500
MAILING ADDRESS (No. and Street or P.O. Box) 745 Fort Street Mall, 17th Floor		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) PACREP, LLC		TELEPHONE (310) 500-2955
MAILING ADDRESS (No. and Street or P.O. Box) 10880 Wilshire Blvd., Suite 2222		FAX
		EMAIL
(City) Los Angeles	(State) CA	(Zip Code) 90024

PART III EXPENDITURES, BY TYPE

Political Contributions <small>see https://data.hawaii.gov/</small>	Amount <i>N/A as 1/2/18</i>	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	-0-

HONOLULU
ETHICS COMMISSION
RECEIVED
9.3.28.18
18 MAR 28 P1:03

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$14,400.00
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

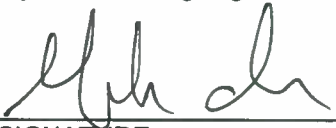
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

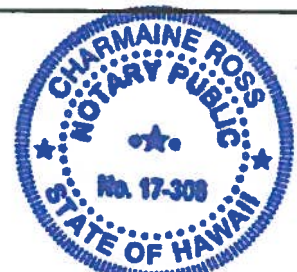
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>62</u> (Year) <u>2017</u> Reso No. <u>54</u> (Year) <u>2016</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Revisions to Resolution 16-54	4.
2. Bill 62 approved by Mayor on 9/11/17	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/8/2018 DATE	Subscribed and sworn to before me This <u>8th</u> day of <u>January</u> , <u>2018</u> By: <u>Charmaine Ross</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <u>1st Circuit, 2018, Annual Report</u> My commission expires: <u>July 25, 2021</u>
---	---





HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

'18 JAN 10 P7:12

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) Iosua, Michael L.		TELEPHONE 521-5500
MAILING ADDRESS (Street) 745 Fort Street Mall, 17th Floor		FAX 541-9050
		EMAIL miosua@lmanaka-asato.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Imanaka Asato, LLC		TELEPHONE 521-9500
MAILING ADDRESS (No. and Street or P.O Box) 745 Fort Street Mall, 17th Floor		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Verizon Communications		TELEPHONE 925-279-6209
MAILING ADDRESS (No. and Street or P.O Box) 15505 Sand Canyon Avenue		FAX
		EMAIL
(City) Irvine	(State) CA	(Zip Code) 92618

PART III EXPENDITURES, BY TYPE

Political Contributions see https://data.hawaii.gov/apps/campaignspending	Amount <i>N/A ME 3/2/18</i>	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	-0-

HONOLULU
ETHICS COMMISSION
RECEIVED
9.3.28.18
'18 MAR 28 P1:04

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$6,000.00
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

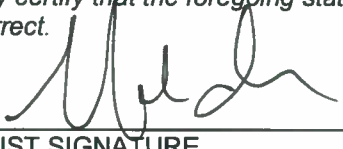

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

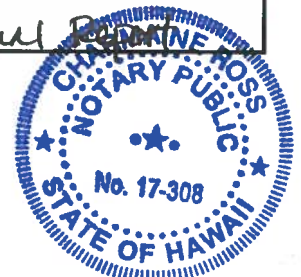
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Passage of House Bill 625, measure deferred	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p>LOBBYIST SIGNATURE</p> <p style="text-align: center;">1/8/2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, <u>2018</u></p> <p>By: <u>Charmaine Ross</u> </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>July 25, 2021</u> <u>1st circuit, 2pgs, Annual Report</u></p>
---	--





HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.gov

Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

11-22-18

18 JAN 10 PM 12:15

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Iriarte, Peter T.		TELEPHONE 808-841-0491
MAILING ADDRESS (Street) 2251 North School Street		FAX 808-847-4782
		EMAIL masonplaster@hotmail.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96819
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)



PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Masons' Union, Local 630		TELEPHONE 808-841-0491
MAILING ADDRESS (No. and Street or P.O Box) 2251 North School Street		FAX 808-847-4782
		EMAIL masonplaster@hotmail.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96819

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$.00	Receptions, Meals, Food & Beverages	Amount \$.00
Preparation & Distribution of Lobbying Materials	Amount \$.00	Media Advertising	Amount \$.00
Entertainment & Events	Amount \$.00	Other	
		TOTAL \$.00	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): None (From October 2017 to December 2017)		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 1/9/18 DATE	Subscribed and sworn to before me This <u>9th</u> day of <u>January</u> , 2018 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS TERRI LYNN K. K. TANAKA Notary Public, First Judicial Circuit State of Hawaii My commission expires: <u>January 29, 2018</u>

Document Date: 01/09/2017 # Pages: 3

Notary Name: TERRI LYNN K K. TANAKA First Circuit

Doc. Description: Annual Report

Terrilyn K.K. Tanaka 1/9/2018
Notary Signature Date

C



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

HONOLULU
ETHICS COMMISSION
RECEIVED

THIS SPACE FOR OFFICE USE ONLY

18 JAN -9 A8:56

31-12-10

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Isaacs, Jonathan		TELEPHONE 603.757.5721
MAILING ADDRESS (Street) 500 SE Morrison Ave.		FAX
		EMAIL jisaacs@uber.com
(City) Portland	(State) OR	(Zip Code) 97204
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Uber Technologies, Inc		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O Box) 1455 Market Street, 4th Floor		FAX
		EMAIL
(City) San Francisco	(State) CA	(Zip Code) 94103

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Uber Technologies, Inc		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O Box) 1455 Market Street, 4th Floor		FAX
		EMAIL
(City) San Francisco	(State) CA	(Zip Code) 94103

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
TOTAL 0.00			

Rev. 12/2017

Deadline: January 10th of Each Year
NOTE: This is a public document

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation 123.08	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

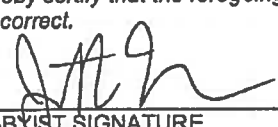
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

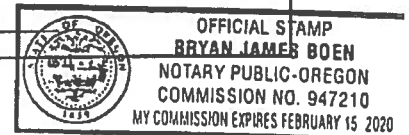
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Vehicle for Hire trade dress. Resolved	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/8/18 DATE	Subscribed and sworn to before me This <u>8th</u> day of <u>January</u> , 2018. By: <u>Bryan J. Boen</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>02/15/2020</u>
---	--


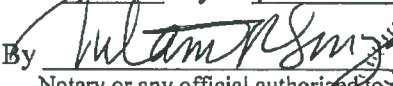


Rev. 12/2017

Deadline: January 10th of Each Year
 NOTE: This is a public document

CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST ANNUAL REPORT FORM

2018-12-18

Name	Ito	Mihoko	E.
(Print)	Last	First	Middle
Business Address	999 Bishop Street, #1400, Honolulu, HI 96813		Phone 808-539-0842
(Street, City, State, Zip Code)			
Email Address:	mito@awlaw.com		
State name and address of organization you lobbied for.			
Wyndham Vacation Ownership			
6277 Sea Harbor Drive			
Orlando, FL 32821			
State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.			
\$0			
State total amount expended for lobbying by lobbyist.			
\$0			
List results of the legislation you sought to influence.			
N/A			
Other information.			
None			
I hereby certify that the foregoing statements are true and correct.		Subscribed and sworn to before me	
		This 21st day of December, 2017	
(Signature)		By 	
		Notary or any official authorized to administer oaths	
		My commission expires: March 24, 2020	
		NOTARY CERTIFICATION	

DUE DATE OF THIS REPORT IS JANUARY 10 OF EACH YEAR

(See back of this form for information.)

PLEASE RETAIN A COPY FOR YOUR RECORDS

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

JAN 19 18

18 JAN 16 P2:44

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle) Kaakua, Laura Hokunani Edmunds		TELEPHONE 8085248562
MAILING ADDRESS (Street) The Trust for Public Land, 1003 Bishop Street, Suite 740		FAX 8085248565
		EMAIL laura.kaakua@tpl.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Trust for Public Land		TELEPHONE 8085248562
MAILING ADDRESS (No. and Street or P.O Box) 1003 Bishop Street, Suite 740		FAX 8085248565
		EMAIL laura.kaakua@tpl.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	0
TOTAL \$0			

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0
Compensation	Amount 0
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <u>clean water & Natural Lands Fund 40 7/1/18</u>		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Clean Water and Natural Lands Fund projects	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

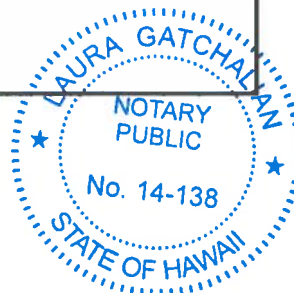
PART VII LOBBYIST CERTIFICATION

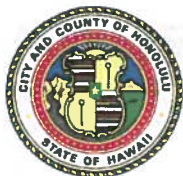
I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/11/18 DATE	Subscribed and sworn to before me This <u>11</u> day of <u>JANUARY</u> , <u>2018</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Laura Gatchalian My commission expires: <u>MAY 4, 2018</u>
--	---

Document Date 1/11/18 # Pages: 2
 Notary Name: Laura Gatchalian First Circuit
 Doc. Description: ANNUAL REPORT

Deadline: January 10th of Each Year
 NOTE: This is a public document

 1/11/18
 Notary Signature Date



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

31.6.18

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

18 JAN -3 P2:03

PART I LOBBYIST

NAME (Last) (First) (Middle) Kabele Melvin Yoon Choy		TELEPHONE 3814658
MAILING ADDRESS (Street) 94-497 U Kee St		FAX 6716901
		EMAIL iwme1@yahoo.com
(City) Waipahu	(State) Hi	(Zip Code) 96797
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Iron workers Stab Fund		TELEPHONE 3814658
MAILING ADDRESS (No. and Street or P.O Box) 94-497 U Kee St		FAX 6716901
		EMAIL iwme1@yahoo.com
(City) Waipahu	(State) Hi	(Zip Code) 96797

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Iron worker Stab Fund		TELEPHONE Same
MAILING ADDRESS (No. and Street or P.O Box) Same as above		FAX "
		EMAIL "
(City)	(State)	(Zip Code)

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	0	Amount	0
Compensation	0	Amount	0
Contributions	0	Amount	0
Membership Fees	0	Amount	0
<input type="checkbox"/> Check here if additional sheets are attached		<input type="checkbox"/> n/a	



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input checked="" type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. mass Transit	4.
2. Housing	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/2/2018 DATE	Subscribed and sworn to before me This 2nd day of January, 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 09/02/20 See attached Notary Document.
---	--

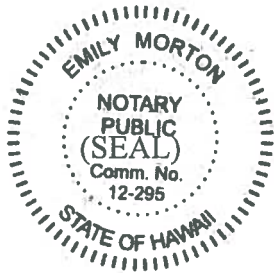
STATE OF HAWAII

COUNTY OF HONOLULU

}
}
} SS.
}

On this 2nd day of January, 2018, before me personally appeared
MELVIN YC KATHELE, to me known to be the person described in and who
executed the foregoing instrument and acknowledgment that he executed the same as
his free act and deed.

Witness my hand and seal.



Emily Morton
EMILY MORTON

My Commission expires: 09/02/2020

Doc Date: 1/2/18 No. Pages: 2
Notary Name: EMILY MORTON 1st Circuit
Doc Description: Annual Report: Lobbyist Annual Report

Emily Morton
Emily Morton

01/02/18
Date



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

1.17.18

18 JAN 11 P1:10

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle) KAI, GARY K.		TELEPHONE 808-532-2244
MAILING ADDRESS (Street) 1003 BISHOP STREET, SUITE 2630		FAX
		EMAIL HIBR@AOL.COM
(City) HONOLULU	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) HAWAII BUSINESS ROUNDTABLE		TELEPHONE 808-532-2244
MAILING ADDRESS (No. and Street or P.O Box) 1003 BISHOP STREET, SUITE 2630		FAX
		EMAIL HIBR@AOL.COM
(City) HONOLULU	(State) HI	(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HAWAII BUSINESS ROUNDTABLE		TELEPHONE 808-532-2244
MAILING ADDRESS (No. and Street or P.O Box) 1003 BISHOP STREET, SUITE 2630		FAX
		EMAIL HIBR@AOL.COM
(City) HONOLULU	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount \$0	Receptions, Meals, Food & Beverages	Amount \$0
Preparation & Distribution of Lobbying Materials	Amount \$0	Media Advertising	Amount \$0
Entertainment & Events	Amount \$0	Other	
		TOTAL \$0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$0
Compensation	Amount \$0
Contributions	Amount \$0
Membership Fees	Amount \$0
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1.	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/19/2018 DATE	Subscribed and sworn to before me This <u>9th</u> day of <u>January</u> , 2018. By: <u>Diane T. Onata</u> <u>Diane T. Onata</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>5/6/2019</u>
--	---

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>THIS SPACE FOR OFFICE USE ONLY
HONOLULU
ETHICS COMMISSION
RECEIVED

31.12.18 ✓

18 JAN -9 P 3:01

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) KAKU, BEVERLY J. ✓		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) CASTLE & COOKE, INC.		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL bkaku@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE HOMES HAWAII, INC. ✓		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


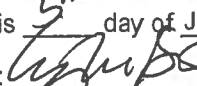
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>JAN - 5 2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This 5th day of January, 2018</p> <p>By: </p> <p>KYOKO PATOC, State of Hawaii</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: June 14, 2020</p> <p>No. 96-313</p>
--	---

Kyoko Patoc First Judicial Circuit

Doc. Description: Annual Report

Doc. Date: 1/5/18

Notary Signature

Rev. 12/2017

Pages: 2

Date: 1/5/18

NOTE: This is a public document

Deadline: January 10th of Each Year

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>THIS SPACE FOR OFFICE USE ONLY
HONOLULU
ETHICS COMMISSION
RECEIVED

31-12-18

18 JAN -9 P3:01

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) KAKU, BEVERLY J.		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) CASTLE & COOKE, INC.		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL bkaku@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE PROPERTIES, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

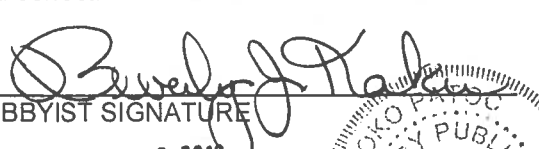
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

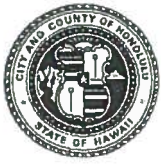
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p> LOBBYIST SIGNATURE</p> <p>JAN - 5 2018 DATE</p> <p>NOTARY CERTIFICATION</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5th</u> day of <u>January</u>, 2018</p> <p>By: KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>June 14, 2020</u></p>
--	---

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>THIS SPACE FOR OFFICE USE
HONOLULU ETHICS COMMISSION
RECEIVED

01-12-18

'18 JAN -9 P 3:02

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) KAKU, BEVERLY J. ✓		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) CASTLE & COOKE, INC.		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL bkaku@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE, INC. ✓		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

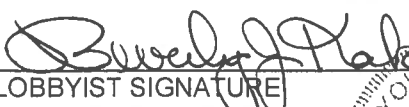

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>JAN - 5 2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This 5th day of January, 2018</p> <p>By: </p> <p>KYOKO PATOC, State of Hawaii</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: June 14, 2020</p>
--	---



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY
HONOLULU ETHICS COMMISSION
RECEIVED

11-12-18
18 JAN -8 P4:52

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) KELLY / STEPHEN / H.		TELEPHONE (808) 674-3289
MAILING ADDRESS (Street) 1001 Kamokila Boulevard, Suite 250		FAX
		EMAIL stevek@kapolei.com
(City) Kapolei	(State) Hawaii	(Zip Code) 96707
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) AINA NUI CORPORATION/JAMES CAMPBELL CORPORATION		TELEPHONE (808) 674-6674
MAILING ADDRESS (No. and Street or P.O Box) 1001 Kamokila Boulevard, Suite 250		FAX
		EMAIL stevek@kapolei.com
(City) Kapolei	(State) Hawaii	(Zip Code) 96707

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) JAMES CAMPBELL CORPORATION /		TELEPHONE (808) 674-6674
MAILING ADDRESS (No. and Street or P.O Box) 1001 Kamokila Boulevard, Suite 250		FAX
		EMAIL
(City) Kapolei	(State) Hawaii	(Zip Code) 96707

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount \$4,450.00	Receptions, Meals, Food & Beverages	Amount \$0.00
Preparation & Distribution of Lobbying Materials	Amount \$0.00	Media Advertising	Amount \$0.00
Entertainment & Events	Amount \$0.00	Other	
TOTAL \$4,450.00			

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$0.00
Compensation	Amount \$0.00
Contributions	Amount \$0.00
Membership Fees	Amount \$0.00
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


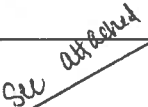
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>58 & 59</u> (Year) <u>2017</u> Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Ewa Highway Impact Fee Policy	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p><u>1/8/18</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This ____ day of _____, _____.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p>
--	--

STATE OF HAWAII

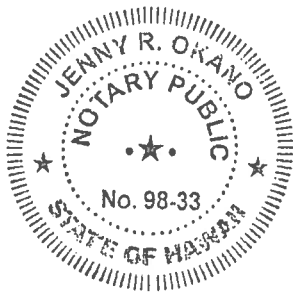
)

) SS.

CITY AND COUNTY OF HONOLULU

)

On this 8th day of January, 2018, before me personally appeared Stephen H. Kelly, to me personally known, who, being by me duly sworn or affirmed, did say that such person executed the foregoing instrument as the free act and deed of such person, and if applicable in the capacity shown, having been duly authorized to execute such instrument in such capacity.



Jenny R. Okano
Name: Jenny R. Okano

Notary Public, State of Hawaii

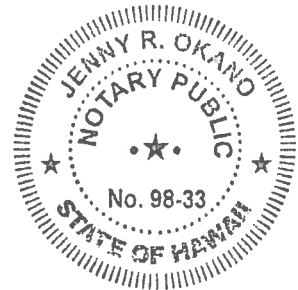
My commission expires: 1/20/2018

Document Date: 1/10/2018
Jenny R. Okano

No. of Pages: 3
First Circuit

Document Description: Honolulu Ethics Commission - Annual Report (Lobbyist Annual Report)

Jenny R. Okano 1/8/2018
Notary Signature Date



NOTARY CERTIFICATION

21.12.18 ✓

**CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST ANNUAL REPORT FORM**

Name	Kido ✓	C. ✓	Mike
	(Print) Last	First	Middle
Business Address	999 Bishop Street, #1400, Honolulu, HI 96813		Phone 808-539-0428
	(Street, City, State, Zip Code)		
Email Address:	cmk@awlaw.com		
State name and address of organization you lobbied for.			
Wyndham Vacation Ownership ✓ 6277 Sea Harbor Drive Orlando, FL 32821			
State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.			
\$0			
State total amount expended for lobbying by lobbyist.			
\$0			
List results of the legislation you sought to influence.			
N/A		Doc. Date: DEC 21 2017	# Pages: 1
Other information.		Name: Uilani R. Souza	First Circuit
None		Doc. Description: City and County of Honolulu Ethics Commission Lobbyist Annual Report Form	
		Signature: <i>Uilani R. Souza</i>	Date: DEC 21 2017
		NOTARY CERTIFICATION	
I hereby certify that the foregoing statements are true and correct.		Subscribed and sworn to before me This 21st day of December, 2017.	
C. Mike Kido		<i>Uilani R. Souza</i>	
(Signature)		Notary or any official authorized to administer oaths	
		My commission expires: March 24, 2020	

DUE DATE OF THIS REPORT IS JANUARY 10 OF EACH YEAR

(See back of this form for information.)

PLEASE RETAIN A COPY FOR YOUR RECORDS



HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.gov

Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

01-12-18 ✓

'18 JAN -9 P2:57

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)

Kimura, Joy Y.N.

TELEPHONE

(808) 845-3238

MAILING ADDRESS (Street)

650 Iwilei Road, Suite 285

FAX

(808) 845-8300

EMAIL

info@hawaiiilecet.org

(City) Honolulu

(State) Hawaii

(Zip Code)

96817

LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)

TELEPHONE

MAILING ADDRESS (No. and Street or P.O Box)

FAX

EMAIL

(City)

(State)

(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaii Laborers-Employers Cooperation and Education Trust (LECET) ✓

TELEPHONE

(808) 845-3238

MAILING ADDRESS (No. and Street or P.O Box)

650 Iwilei Road, Suite 285

FAX

(808) 845-8300

EMAIL

info@hawaiiilecet.org

(City) Honolulu

(State) Hawaii

(Zip Code)

96817

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

0.00

Receptions, Meals, Food
& Beverages

Amount

0.00

Preparation & Distribution
of Lobbying Materials

Amount

0.00

Media Advertising

Amount

0.00

Entertainment & Events

Amount

0.00

Other

TOTAL 0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0.00
Compensation	Amount 0.00
Contributions	Amount 0.00
Membership Fees	Amount 0.00
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

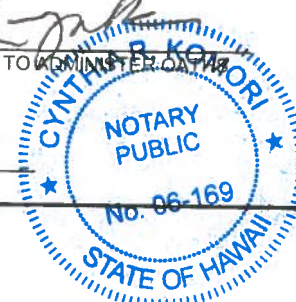
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. <u>NONE to 01/01/18</u>	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE January 9, 2018 DATE	Subscribed and sworn to before me This <u>9th</u> day of <u>January</u> , 2018. By: <u>CYNTHIA R. KOMORI</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>3/19/2018</u>
---	--



Doc. Date: 1/9/18 # Pages 2

Notary Name: Cynthia R. Komori First Circle

Doc. Description Honolulu Ethics Commission
Annual Report for Joy Y.N. Komura

Cynthia R. Komori 1/9/18
Notary Signature Date

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

31.22.18

HONOLULU
ETHICS COMMISSION
RECEIVED**ANNUAL REPORT**Lobbyist Annual Report
(Type or Print Clearly)

'18 JAN 10 P1:08

PART I LOBBYIST

NAME (Last) (First) (Middle) KOBAYASHI RYAN K		TELEPHONE 841-5877
MAILING ADDRESS (Street) 1617 Palama St		FAX
(City) Honolulu	(State) HI	EMAIL rkobayashi@local368.org
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Hawaii Laborers' Union Local 368		TELEPHONE 841-5877
MAILING ADDRESS (No. and Street or P.O. Box) 1617 Palama St		FAX
(City) Honolulu	(State) HI	EMAIL rkobayashi@local368.org

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Laborers' Union Local 368		TELEPHONE 841-5877
MAILING ADDRESS (No. and Street or P.O. Box) 1617 Palama St.		FAX
(City) Honolulu	(State) Hawaii	EMAIL rkobayashi@local368.org

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
TOTAL			

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount	0
Compensation	Amount	0
Contributions	Amount	0
Membership Fees	Amount	0
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a	

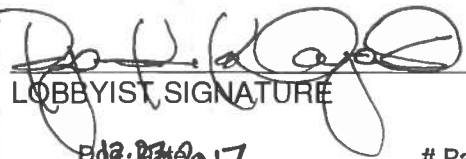

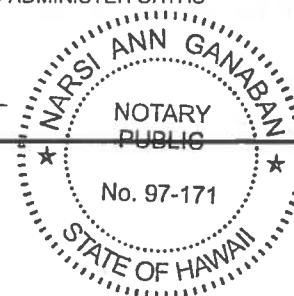
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Sought to obtain approval for housing projects	4.
2. Sought to obtain zoning approval for housing projects	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE Date: 12/27/2017 # Pages 2 Notary Name: Narsi Ann Ganaban First Circuit	Subscribed and sworn to before me This 27 th day of DECEMBER, 2017. By:  NARSI ANN GANABAN NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 4.10.2021
Doc. Description: ANNUAL REPORT	

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>THIS SPACE FOR OFFICIAL USE ONLY
HONOLULU ETHICS COMMISSION
RECEIVED

31-12-18 ✓

18 JAN -9 P 3:01

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) KODAMA, LAURA M.		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL lkodama@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE HOMES HAWAII, INC. ✓		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL 0.00	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

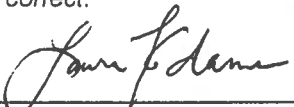
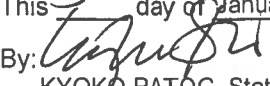
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

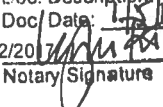
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p style="text-align: center;"></p> <p style="text-align: center;">LOBBYIST SIGNATURE</p> <p style="text-align: center;">JAN - 5 2018</p> <p style="text-align: center;">DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5th</u> day of January, 2018</p> <p>By: </p> <p style="text-align: center;">KYOKO PATOC, State of Hawaii</p> <p style="text-align: center;">NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:</p> <p style="text-align: center;">June 14, 2020</p>
--	---

Kyoko Patoc
 Doc. Description: Annual Report
 Doc. Date: 1/5/18 # Pages: 3
 Rev. 12/20/17 Notary Signature:  Date: 1/5/18

Deadline: January 10th of Each Year
 NOTE: This is a public document

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

2-13-18

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

18 JAN 10 P7:04

PART I LOBBYIST

NAME (Last) (First) (Middle)

LA CHICA, MAE PATRICIA QUEMA

TELEPHONE

591-6508

MAILING ADDRESS (Street)

850 RICHARDS ST. SUITE 201

FAX

EMAIL

trish@hphi.org

(City)

HONOLULU

(State)

HI

(Zip Code)

96813

LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)

TELEPHONE

MAILING ADDRESS (No. and Street or P.O. Box)

FAX

EMAIL

(City)

(State)

(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaii Public Health Institute

TELEPHONE

591-6508

MAILING ADDRESS (No. and Street or P.O. Box)

850 Richards St. Suite 201

FAX

EMAIL

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount \$60.10	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	\$60.10

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a ^{JP 02/13/18}

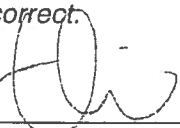
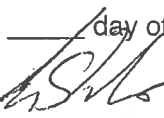
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

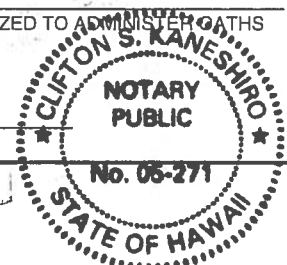
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <u>Health</u>		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. <u>Bill 70 passed</u>	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/9/18 DATE	Subscribed and sworn to before me This _____ day of <u>JAN 09 2018</u> , By:  Clifton S. Kaneshiro NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>May 8, 2021</u> My Commission Expires: <u>May 8, 2021</u>
---	---



See attached Notary Certificate



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.gov

Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

3 10.8.18
18 OCT -5 P3:15

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) Larson, Betty Lou		TELEPHONE (808) 373-0356
MAILING ADDRESS (Street) 1822 Keeaumoku Street		FAX
		EMAIL bettylou.larson@catholiccharities
(City) Honolulu	(State) HI	(Zip Code) 96822
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Catholic Charities Hawaii		TELEPHONE (808) 373-0356
MAILING ADDRESS (No. and Street or P.O Box) 1822 Keeaumoku Street		FAX 808-527-4889
		EMAIL tina@catholiccharitieshawaii.org
(City) Honolulu	(State) HI	(Zip Code) 96822

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Catholic Charities Hawaii		TELEPHONE (808) 527-4878
MAILING ADDRESS (No. and Street or P.O Box) 1822 Keeaumoku Street		FAX (808) 527-4889
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96822

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	0
TOTAL 0			

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$6172
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

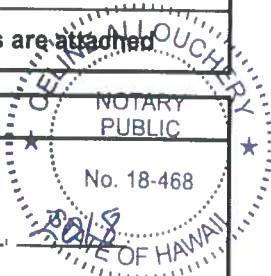
<input type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Housing	4.
2. Senior Services	5.
3. Economic Justice	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p><i>Betsy Lind</i></p> <p>LOBBYIST SIGNATURE</p> <p>10/5/2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5th</u> day of <u>October</u>, <u>2018</u></p> <p>By: <i>Celine Allouchery</i></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>8/19/2022</u> <i>First Circuit document center of 2 pages two</i></p>
---	---



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

2018-12-18

HONOLULU
ETHICS COMMISSION
RECEIVED**ANNUAL REPORT**Lobbyist Annual Report
(Type or Print Clearly)

18 JAN -9 P2:57

PART I LOBBYIST

NAME (Last) (First) (Middle)

Lee, Peter H.M.

TELEPHONE

(808) 845-3238

MAILING ADDRESS (Street)

650 Iwilei Road, Suite 205

FAX

(808) 845-8300

EMAIL

info@hawaii.legis.gov

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96817

LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)

TELEPHONE

MAILING ADDRESS (No. and Street or P.O. Box)

FAX

EMAIL

(City)

(State)

(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaii Laborers - Employers Cooperation and Education Trust

TELEPHONE

(808) 845-3238

MAILING ADDRESS (No. and Street or P.O. Box)

650 Iwilei Road, Suite 205

FAX

(808) 845-3238

EMAIL

info@hawaii.legis.gov

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96817

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

0

Receptions, Meals, Food
& Beverages

Amount

0

Preparation & Distribution
of Lobbying Materials

Amount

0

Media Advertising

Amount

0

Entertainment & Events

Amount

0

Other

N/A

TOTAL

0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount ϕ
Compensation	Amount ϕ
Contributions	Amount ϕ
Membership Fees	Amount ϕ
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

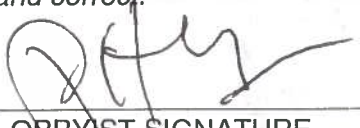
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

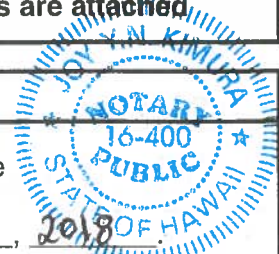
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <u>Construction Industry Related</u>		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. <u>N/A</u>	4. <u>N/A</u>
2. <u>N/A</u>	5. <u>N/A</u>
3. <u>N/A</u>	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE <u>1/2/18</u> DATE	Subscribed and sworn to before me This <u>2nd</u> day of <u>January</u> , <u>2018</u> By: <u>Joy Y.N. Kimura</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>11/20/20</u> Doc. Date: <u>1/2/18</u> # Pages: <u>2</u> Notary Name: <u>Joy Y.N. Kimura</u> <u>1st</u> Circuit
---	--



CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST ANNUAL REPORT FORM

HONOLULU
ETHICS COMMISSION
RECEIVED

82.5.18

Name <u>Lincoln</u> <u>Faye</u> '18 FEB -5 11:53	
(Print)	Last First Middle
Business Address <u>206 North 2100 West, Salt Lake City</u> Phone <u>(801) 325-0153</u>	
(Street, City, State, Zip Code) <u>Utah 84116</u>	
State name and address of organization you lobbied for. <u>Avalon Health Care</u>	
State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities. <u>None -</u>	
State total amount expended for lobbying by lobbyist. <u>None</u>	
List results of the legislation you sought to influence. <u>N/A</u>	
Other information.	
I hereby certify that the foregoing statements are true and correct. <u>Faye Lincoln</u> (Signature)	Subscribed and sworn to before me This <u>30th</u> day of <u>January</u> , 20 <u>18</u> . By <u>McKelle Andrezzi</u> Notary or any official authorized to administer oaths My commission expires: <u>11/04/2018</u>

DUE DATE OF THIS REPORT IS JANUARY 10 OF EACH YEAR

(See back of this form for information.)

PLEASE RETAIN A COPY FOR YOUR RECORDS



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>THIS SPACE FOR HONOLULU
ETHICS COMMISSION
RECEIVED21.12.18 ✓
18 JAN -9 P3:01**ANNUAL REPORT**Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) LOVVORN, CHRISTOPHER M.		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) CASTLE & COOKE HAWAII		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL clovvorn@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE PROPERTIES, INC. ✓		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL 0.00	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. <u>NONE 01/01/18</u>	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u>[Signature]</u></p> <p>LOBBYIST SIGNATURE</p> <p>JAN 5 2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5th</u> day of <u>January</u>, 2018.</p> <p>By: <u>[Signature]</u></p> <p>KYOKO PATOC, State of Hawaii</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>June 14, 2020</u></p>
---	--

Kyoko Patoc

Doc. Description:

Doc. Date: 1/5/18

Notary Signature

First Judicial Circuit

Pages:

Date: 1/5/18

Date

Rev. 12/2011

Deadline: January 10th of Each Year

NOTE: This is a public document



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR ~~CONCISE~~ ONLY
ETHICS COMMISSION
RECEIVED

31.22.18
18 JAN 10 P7:07

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) LUI-KWAN, IVAN M.		TELEPHONE (808) 537-6100
MAILING ADDRESS (Street) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL iluiquan@starnlaw.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) STARN O'TOOLE MARCUS & FISHER		TELEPHONE (808) 537-6100
MAILING ADDRESS (No. and Street or P.O Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) PARK HOTELS & RESORTS INC.		TELEPHONE (703) 584-7979
MAILING ADDRESS (No. and Street or P.O Box) 1600 TYSONS BOULEVARD, 10TH FLOOR		FAX
		EMAIL
(City) MCLEAN	(State) VIRGINIA	(Zip Code) 22102

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$ 14,294.24
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

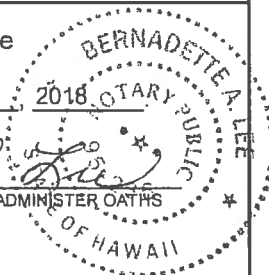
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. <u>17-303</u> (Year) <u>2017</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. INTRODUCTION & ADOPTION OF RESO NO. 17-303	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u><i>[Signature]</i></u></p> <p>LOBBYIST SIGNATURE</p> <p><u>JANUARY 10, 2018</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10TH</u> day of <u>JANUARY</u>, <u>2018</u></p> <p>By: <u><i>[Signature]</i></u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>6/29/2019</u></p>
--	--

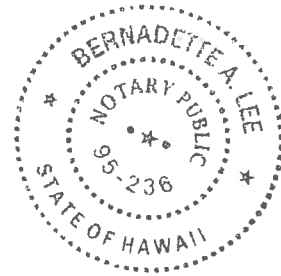


Doc. Date: January 10, 2018 ☐ Undated at time of notarization

No. of Pages: 3

Signature of Notary Bernadette G. Lee Date of Notarization and Certification Statement 6/29/2019

Printed Name of Notary



(Official Stamp or Seal)

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>HONOLULU
ETHICS COMMISSION
THIS SPACE FOR OFFICE USE ONLY
RECEIVED

J 1-16-18

18 JAN 16 P2:08

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle) Lori Ann C. Lum		TELEPHONE 808-544-8300
MAILING ADDRESS (Street) 999 Bishop Street, Suite 1250		FAX
		EMAIL llum@wik.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Watanabe Ing LLP		TELEPHONE 808-544-8300
MAILING ADDRESS (No. and Street or P.O Box) 999 Bishop Street, Suite 1250		FAX
		EMAIL llum@wik.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Howard Hughes Corporation		TELEPHONE 808-591-4811
MAILING ADDRESS (No. and Street or P.O Box) 1240 Ala Moana Blvd., Suite 200		FAX
		EMAIL Todd.Apo@howardhughes.com
(City) Honolulu	(State) HI	(Zip Code) 96814

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other N/A	Amount
		TOTAL	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$1,089.00
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

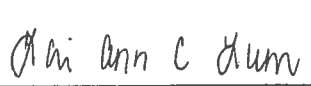
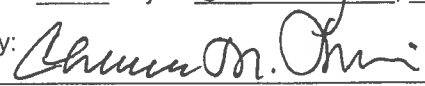
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Kakaako Zoning & Housing issues	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/12/18 DATE	Subscribed and sworn to before me This <u>12th</u> day of <u>January</u> , <u>2018</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Charlene M. Moriwaki My commission expires: <u>6/11/20</u>
--	--

Doc Date 7/12/18 # Pages 2
Charlene M. Moriwaki First Circuit
Doc Description Annual Report

PS Charlene M. Moriwaki
Notary Signature Date 7/12/18

NOTARY CERTIFICATION
Charlene M. Moriwaki



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

1-12-18

'18 JAN -5 P4:44

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Luning, Debra M A		TELEPHONE 808-599-8370
MAILING ADDRESS (Street) 733 Bishop Street, Suite 1400		FAX 808-599-8342
		EMAIL DebbieL@gentryhawaii.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Gentry Homes, Ltd.		TELEPHONE 808-599-5558
MAILING ADDRESS (No. and Street or P.O Box) 733 Bishop Street, Suite 1400		FAX 808-599-8342
		EMAIL DebbieL@gentryhawaii.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$0	Receptions, Meals, Food & Beverages	Amount \$0
Preparation & Distribution of Lobbying Materials	Amount \$0	Media Advertising	Amount \$0
Entertainment & Events	Amount \$0	Other	\$0
		TOTAL \$0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$0
Compensation	Amount \$0
Contributions	Amount \$0
Membership Fees	Amount \$0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

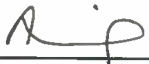
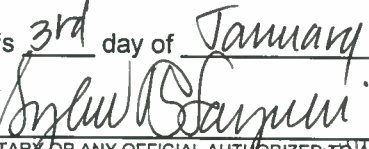
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

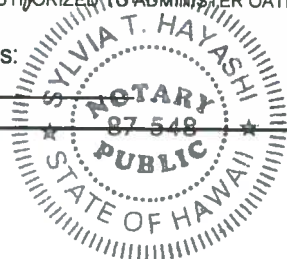
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <u>NONE to 1/10/18; phone</u>		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. <u>NONE to 1/10/18; phone</u>	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

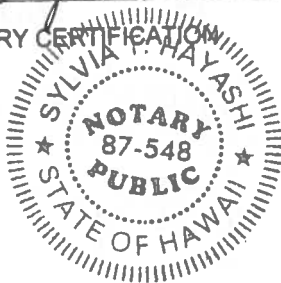
I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/3/18 DATE	Subscribed and sworn to before me This <u>3rd</u> day of <u>January</u> , <u>2018</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>10-26-19</u>
---	---



Doc Date: 1.3.18 # Pages: ✓
Name: SYLVIA T. HAYASHI First Circuit
Doc. Description: Annual Report

Sylvia T. Hayashi 1.3.18
Signature Date

NOTARY CERTIFICATION



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96813

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

81-12-18 ✓

18 JAN -5 P 4:44

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle) Luning, Debra M A		TELEPHONE 808-599-8370
MAILING ADDRESS (Street) 733 Bishop Street, Suite 1400		FAX 808-599-8342
		EMAIL DebbieL@gentryhawaii.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Gentry Investment Properties ✓		TELEPHONE 808-599-5558
MAILING ADDRESS (No. and Street or P.O Box) 733 Bishop Street, Suite 1400		FAX 808-599-8342
		EMAIL DebbieL@gentryhawaii.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount \$0	Receptions, Meals, Food & Beverages	Amount \$0
Preparation & Distribution of Lobbying Materials	Amount \$0	Media Advertising	Amount \$0
Entertainment & Events	Amount \$0	Other	\$0
		TOTAL \$0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$0
Compensation	Amount \$0
Contributions	Amount \$0
Membership Fees	Amount \$0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

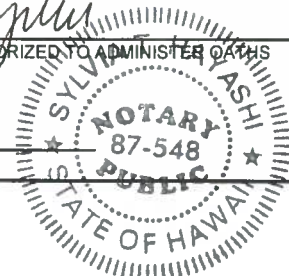
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <u>NONE to 01/18; phone</u>		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. <u>NONE to 01/18; phone</u>	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

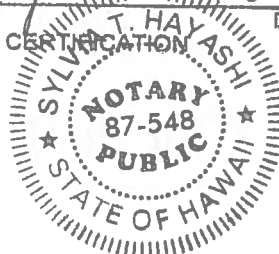
I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE <u>1/3/18</u> DATE	Subscribed and sworn to before me This <u>3rd</u> day of <u>January</u> , <u>2018</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>10-26-19</u>
--	---



Doc Date: 1-3-18 # Pages: 2
Name SYLVIA T. HAYASHI First Circuit
Doc. Description: Annual Report

Sylvia T. Hayashi 1-3-18
Signature Date

NOTARY CERTIFICATION





HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.gov

Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY
HONOLULU
ETHICS COMMISSION
RECEIVED

3-28-18

18 MAR 28 A11:19

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) Lyons, Timothy L.		TELEPHONE 808-537-4308
MAILING ADDRESS (Street) 1188 Bishop St., Ste. 1003-1004		FAX 808-533-2739
		EMAIL timllyons@cs.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) TLC-The Legislative Center		TELEPHONE 808-537-4308
MAILING ADDRESS (No. and Street or P.O Box) 1188 Bishop St., Ste. 1003-1004		FAX 808-533-2739
		EMAIL timllyons@cs.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Anheuser Busch Companies		TELEPHONE 916-442-2600
MAILING ADDRESS (No. and Street or P.O Box) 1201 K Street, Ste. 730		FAX 314.256.6872
E-mail: Melissa.Ameluxen@anheuser-busch.com		EMAIL Melissa.Ameluxen@anheuser-bu
(City) Sacramento	(State) CA	(Zip Code) 95814

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
TOTAL		n/a JP 3/28/17	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$2000.00
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

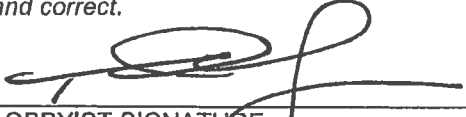

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

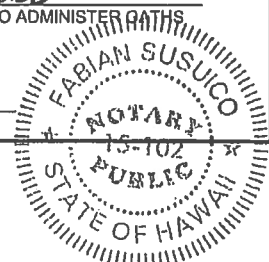
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: <u>NONE</u> Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. None	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>1/8/2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>Jan.</u>, 2018.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>03/15/2019</u></p>
--	---





HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

HONOLULU
ETHICS COMMISSION
RECEIVED

THIS SPACE FOR OFFICE USE ONLY

'18 JAN -9 A8:56

21-12-18 ✓

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) Magana, Andrew		TELEPHONE (808) 225-9378
MAILING ADDRESS (Street) 615 Piikoi St. #402		FAX
		EMAIL andrewm@uber.com
(City) Honolulu	(State) HI	(Zip Code) 96814
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Uber Technologies, Inc		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O. Box) 1455 Market Street, 4th Floor		FAX
		EMAIL
(City) San Francisco	(State) CA	(Zip Code) 94103

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Uber Technologies, Inc		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O. Box) 1455 Market Street, 4th Floor		FAX
		EMAIL
(City) San Francisco	(State) CA	(Zip Code) 94103

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
TOTAL 0.00			

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation 10,000.00	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Legislation related to Transportation Network Companies	4.
2. and associated products and services	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

[Signature]
 LOBBYIST SIGNATURE

JAN 8, 2018
 DATE

Subscribed and sworn to before me

This 8th day of January, 2018

By: *[Signature]*

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

COMMISSION EXPIRES ON JULY 19, 2019

Doc. Date: No Date # Pages: 2

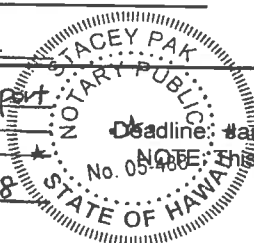
Stacey Pak First Circuit

Doc. Description Annual report

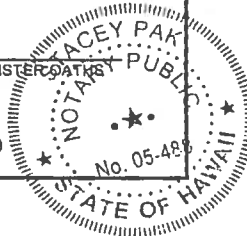
Rev. 12/2017

[Signature]
 Notary Signature

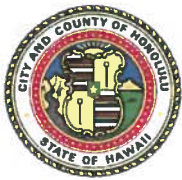
01/08/18
 Date



Deadline: January 10th of Each Year
 NOTE: This is a public document



NOTARY CERTIFICATION



HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.gov

Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

01-19-18

HONOLULU
ETHICS COMMISSION
RECEIVED

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

18 JAN 16 P2:48

PART I LOBBYIST

NAME (Last) (First) (Middle) Malinoski, Jodi, Lilia Aiko		TELEPHONE 808-538-6616
MAILING ADDRESS (Street) PO BOX 2577		FAX
		EMAIL JODI.MALINOSKI@Sierraclub.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96803
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Sierra Club of Hawaii (Oahu Group)		TELEPHONE 808-538-6616
MAILING ADDRESS (No. and Street or P.O Box) PO BOX 2577		FAX
		EMAIL hawaii.chapter@Sierraclub.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96803

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Sierra Club of Hawaii		TELEPHONE 808-538-6616
MAILING ADDRESS (No. and Street or P.O Box) PO BOX 2577		FAX
		EMAIL hawaii.chapter@Sierraclub.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96803

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$ 7,027.20
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


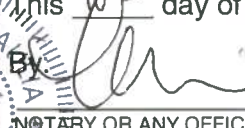
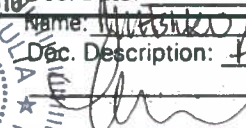
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

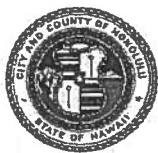
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Bill 57 (2016) - Enacted	7. Bill 79 (2017) - Passed 2nd reading
2. Bill 59 (2016) - Enacted	8. Resolution 17-237 - Adopted
3. Bill 67 (2016) - Enacted	9. Resolution 17-238 - Adopted
4. Bill 25 (2017) - Enacted	10. Resolution 17-284 - Adopted
5. Bill 1 (2017) - Deferred in Committee	<input type="checkbox"/> Check here if additional sheets are attached
6. Bill 71 (2017) - Deferred in Committee	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/10/17 DATE	Subscribed and sworn to before me This 10th day of January, 2018. By:  MUTSUKO CARAULIA NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: Notary Public, First Judicial Circuit State of Hawaii Doc. Date: JAN 10 2018 My commission expires: April 5, 2021 Name: Mutsuko Caraulia Doc. Description: Annual Report Signature:  Date: JAN 10 2018
---	--



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

HONOLULU
ETHICS COMMISSION
THIS SPACE FOR OFFICE USE ONLY
RECEIVED

01.22.18
18 JAN 10 P 7:08

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) MARCUS, KENNETH B.		TELEPHONE (808) 537-6100
MAILING ADDRESS (Street) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL kmarcus@starnlaw.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) STARN O'TOOLE MARCUS & FISHER		TELEPHONE (808) 537-6100
MAILING ADDRESS (No. and Street or P.O. Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) PARK HOTELS & RESORTS INC.		TELEPHONE (703) 584-7979
MAILING ADDRESS (No. and Street or P.O. Box) 1600 TYSONS BOULEVARD, 10TH FLOOR		FAX
		EMAIL
(City) MCLEAN	(State) VIRGINIA	(Zip Code) 22102

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$ 4,071.73
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


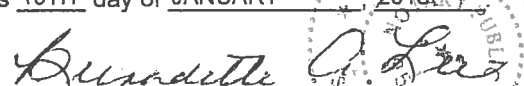
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. <u>17-303</u> (Year) <u>2017</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. INTRODUCTION & ADOPTION OF RESO NO. 17-303	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>JANUARY 10, 2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10TH</u> day of <u>JANUARY</u>, <u>2018</u></p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>6/29/2019</u></p>
---	---

NOTARY CERTIFICATION STATEMENT

Doc. Date: January 10, 2018 ☐ Undated at time of notarization

Document Description: City and County of Honolulu Ethics Commission Lobbyist Annual Report for Kenneth B. Marcus

(Park Hotels & Resorts Inc.)

No. of Pages: 3

Jurisdiction: First Judicial Circuit
Honolulu, Hawaii

Signature of Notary _____ Date of Notarization and Certification Statement _____

Bernadette A. Lee

Printed Name of Notary

A circular notary seal for Bernadette A. Lee, a Notary Public in the State of Hawaii. The seal features the name "BERNADETTE A. LEE" at the top, "NOTARY PUBLIC" in the center, and "STATE OF HAWAII" at the bottom. The commission number "95-236" is located below the center. There are three stars on the left and one star on the right of the central text.

(Official Stamp or Seal)



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

21-12-18-

HONOLULU
ETHICS COMMISSION
RECEIVED

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		18 JAN 12 AIO :19
NAME (Last) (First) (Middle) Marrone, Gladys Q.		TELEPHONE 808-629-7509
MAILING ADDRESS (Street) 94-487 Akoki Street		FAX
(City) Waipahu (State) HI		EMAIL gqm@biahawaii.org
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		(Zip Code) 96797
MAILING ADDRESS (No. and Street or P.O Box)		TELEPHONE
(City) (State)		FAX
		EMAIL
		(Zip Code)

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Building Industry Association of Hawaii ✓	TELEPHONE 808-629-7509
MAILING ADDRESS (No. and Street or P.O Box) 94-487 Akoki Street	FAX
(City) Waipahu (State) HI	EMAIL gqm@biahawaii.org
	(Zip Code) 96797

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$2600.00
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


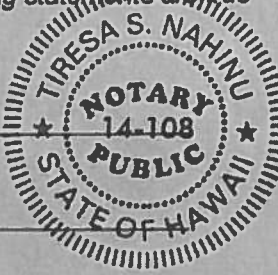
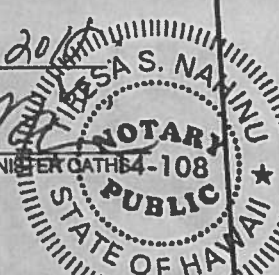
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

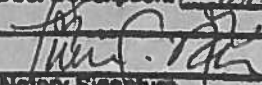
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (Indicate below):		

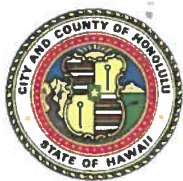
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Affordable housing requirements	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/5/18 DATE		Subscribed and sworn to before me This 5 th day of January, 2018 By Tiresa S. Nahinu NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: April 06, 2018	
---	---	---	---

Doc. Date: JAN 05 2018 # Pages: 2
 Notary Name: Tiresa S. Nahinu
 Doc. Description: Annual Report
 Notary Signature: 
 NOTARY CERTIFICATION
 My commission expires: April 06, 2018



HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.gov

Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

31.12.18

HONOLULU
ETHICS COMMISSION
RECEIVED

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

'18 JAN 12 P1:47

PART I LOBBYIST

NAME (Last) (First) (Middle) MARUYAMA, LISA T.		TELEPHONE (808) 384-5568
MAILING ADDRESS (Street) 1020 South Beretania St.		FAX _____
(City) Honolulu	(State) HI	EMAIL lmaruyama@hano-hawaii.org
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		(Zip Code) 96814
MAILING ADDRESS (No. and Street or P.O. Box)		TELEPHONE
(City)		FAX
(State)		EMAIL
(Zip Code)		

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Alliance of Nonprofit Organizations (HAND)		TELEPHONE (808) 529-0454
MAILING ADDRESS (No. and Street or P.O. Box) 1020 South Beretania St. 2nd Fl.		FAX
(City) Honolulu	(State) HI	EMAIL lmaruyama@hano-hawaii.org
		(Zip Code) 96814

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	
TOTAL		0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$ 22.00
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. 78 (Year) 2017 Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Bill 78 (17) - Deferred to 10/2/18	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/10/18 DATE	Subscribed and sworn to before me This _____ day of _____, _____. By: _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: _____
--	--

STATE OF HAWAII

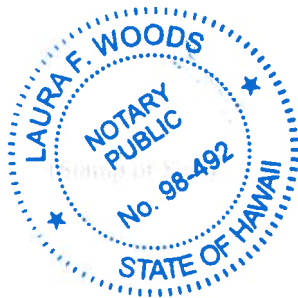
)

) SS.

CITY AND COUNTY OF HONOLULU

)

On this 16th day of JANUARY, 2018, before me personally appeared LISA T. MARUYAMA, ☐ personally known to me, or ☒ proved to me on the basis of satisfactory evidence, who, being by me duly sworn or affirmed, did say that such person executed the foregoing instrument, and acknowledged that such person executed the same as the person's free act and deed.



Signature: [Signature]

Name: LAURA F. WOODS

Notary Public, State of Hawaii

My commission expires: 9/24/2018

Document Date: JAN 10 2018

No. of Pages: 3 INCLUDING THIS PAGE

Notary Name: LAURA F. WOODS

Document Description: ANNUAL REPORT - LOBBYIST

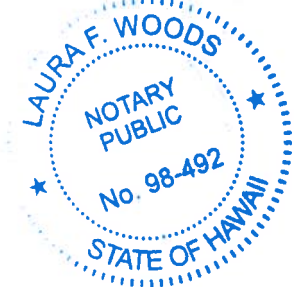
ANNUAL REPORT

Notary Signature [Signature]

JAN 10 2018
Date

1st Circuit

(Stamp or Seal)



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>HONOLULU
ETHICS COMMISSION
THIS SPACE FOR OFFICE USE ONLY
RECEIVED

31.12.18 ✓

18 JAN -9 P 3:34

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Masatsugu, Jeffrey S.		TELEPHONE 808-554-3406
MAILING ADDRESS (Street) P.O. Box 22534		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96823
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) JM Consulting LLC		TELEPHONE 808-554-3406
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 22534		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96823

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Carpet, Linoleum and Soft Tile Local Union 1926 Market Recovery Trust Fund ✓		TELEPHONE 808-554-3406
MAILING ADDRESS (No. and Street or P.O. Box) 222 S. Vineyard Blvd PH4		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	0
		TOTAL 0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0
Compensation	Amount 10000
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


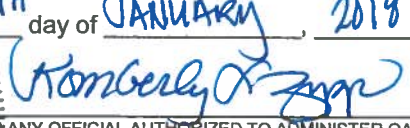
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Bill 3 (2016)	4. Resolution 17-305
2. Resolution 17-42	5. Resolution 17-175
3. Resolution 17-221	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  Jeffrey S. Masatsugu LOBBYIST SIGNATURE 1/9/2018 DATE	Subscribed and sworn to before me This 9 TH day of JANUARY, 2019  By _____ NOTARY OF ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS KIMBERLY L. ZIPP My commission expires: 02-12-2018 Notary Certificate on Back
---	--

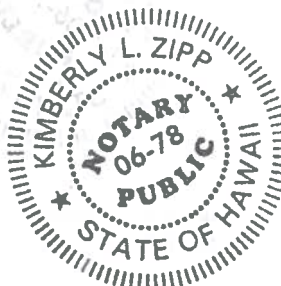
Doc. Date: 01-09-2018 # Pages: 2

Name: Kimberly L. Zipp First Circuit

Doc. Description: ANNUAL REPORT

Kimberly L. Zipp 01-09-2018
Signature Date

NOTARY CERTIFICATION





HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.gov

Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

91.12.18

'18 JAN -9 P 3:34

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Masatsugu, Jeffrey S. ✓		TELEPHONE 808-554-3406
MAILING ADDRESS (Street) P.O. Box 22534		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96823
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) JM Consulting LLC		TELEPHONE 808-554-3406
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 22534		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96823

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Tapers Market Recovery Trust Fund ✓		TELEPHONE 808-554-3406
MAILING ADDRESS (No. and Street or P.O. Box) 222 S. Vineyard Blvd PH4		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other 0	
		TOTAL 0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount 0
Compensation	Amount 11250
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. Bill 3 (2016)	4. Resolution 17-305
2. Resolution 17-42	5. Resolution 17-175
3. Resolution 17-221	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i> Jeffrey S. Masatsugu LOBBYIST SIGNATURE	Subscribed and sworn to before me This 9th day of JANUARY, 2018. By: <i>Kimberly L. Zipp</i> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS KIMBERLY L. ZIPP My commission expires: 02.12.2018
1/9/2018 DATE	Notary Certificate on Back

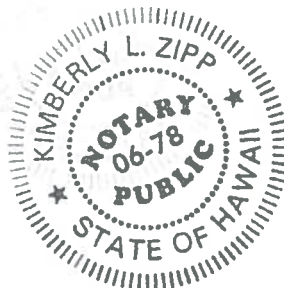
Doc. Date: 01.09.2018 # Pages: 2

Name: Kimberly L. Zipp First Circuit

Doc. Description: ANNUAL REPORT

Kimberly L. Zipp 01.09.18
Signature Date

NOTARY CERTIFICATION





HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

31-12-18 ✓

18 JAN -9 P3:34

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Masatsugu, Jeffrey S.		TELEPHONE 808-554-3406
MAILING ADDRESS (Street) P.O. Box 22534		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96823
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) JM Consulting LLC		TELEPHONE 808-554-3406
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22534		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96823

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Glaziers, Architectural Metal Glassworkers Local Union 1889 AFL-CIO Stabilization		TELEPHONE 808-554-3406
MAILING ADDRESS (No. and Street or P.O Box) 222 S. Vineyard Blvd PH4		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	0
TOTAL 0			

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0
Compensation	Amount 11250
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Bill 3 (2016)	4. Resolution 17-305
2. Resolution 17-42	5. Resolution 17-175
3. Resolution 17-221	<input type="checkbox"/> Check here if additional sheets are attached

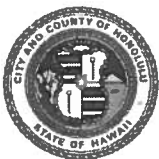
PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.		Subscribed and sworn to before me	
Jeffrey S. Masatsugu LOBBYIST SIGNATURE		This 9th day of JANUARY, 2018. By: <i>Kimberly L. Zipp</i> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS KIMBERLY L. ZIPP My commission expires: 02.12.2018	
1/9/2018 DATE		Notary Certificate on Back	

Doc. Date: 01-09-2018 # Pages: 2
Name: Kimberly L. Zipp First Circuit
Doc. Description: ANNUAL REPORT

Kimberly L. Zipp 01-09-2018
Signature Date
NOTARY CERTIFICATION



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

91-12-18

18 JAN -9 P 3:34

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Masatsugu, Jeffrey S.		TELEPHONE 808-554-3406
MAILING ADDRESS (Street) P.O. Box 22534		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96823
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) JM Consulting LLC		TELEPHONE 808-554-3406
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 22534		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96823

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Painting Industry of Hawaii Labor Management Cooperation Trust Fund		TELEPHONE 808-554-3406
MAILING ADDRESS (No. and Street or P.O. Box) 222 S. Vineyard Blvd, PH4		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	0
		TOTAL 0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0
Compensation	Amount 11250
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

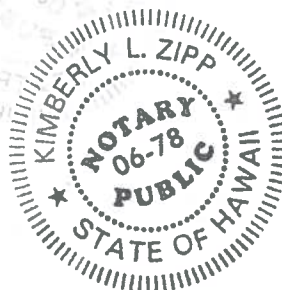
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

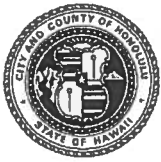
1. Bill 3 (2016)	4. Resolution 17-305
2. Resolution 17-42	5. Resolution 17-175
3. Resolution 17-221	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.		Subscribed and sworn to before me	
Jeffrey S. Masatsugu LOBBYIST SIGNATURE		This 9TH day of JANUARY, 2018.	
1/9/2018 DATE		My commission expires: 02.12.2018	
		Notary Public KIMBERLY L. ZIPP Notary Certificate on Back	

Doc. Date: 01-09-2018 # Pages: 2
Name: Kimberly L. Zipp First Circuit
Doc. Description: ANNUAL
REPORT
Kimberly L. Zipp 01-09-18
Signature Date
NOTARY CERTIFICATION



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>THIS SPACE FOR OFFICE USE ONLY
HONOLULU
ETHICS COMMISSION
RECEIVED

01-12-18

18 JAN -9 P3:01

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) MATSUNAMI, GARRET		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL gmatsunami@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL 0.00	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


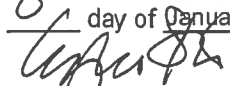
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p style="text-align: center;"></p> <p style="text-align: center;">LOBBYIST SIGNATURE</p> <p style="text-align: center;">JAN - 8 2018</p> <p style="text-align: center;">DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u></p> <p>By: </p> <p style="text-align: center;">KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: June 14, 2020</p>
--	---

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

31-20-18 ✓

HONOLULU
ETHICS COMMISSION
RECEIVED**ANNUAL REPORT**Lobbyist Annual Report
(Type or Print Clearly)

18 JAN 19 A10:43

PART I LOBBYIST

NAME (Last) (First) (Middle) McClellan, WilliamHenry Kekoa		TELEPHONE 8083937937
MAILING ADDRESS (Street) 87855 C Farrington Hwy.		FAX
		EMAIL kekoamcclellan@gmail.com
(City) Maili	(State) HI	(Zip Code) 96792
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) The McClellan Group, LLC		TELEPHONE 8083937937
MAILING ADDRESS (No. and Street or P.O Box) 87855 C Farrington Hwy.		FAX
		EMAIL kekoamcclellan@gmail.com
(City) Maili	(State) HI	(Zip Code) 96792

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The American Hotel and Lodging Association ✓		TELEPHONE 202.289.3125
MAILING ADDRESS (No. and Street or P.O Box) 1250 I St. NW Suite 1100		FAX
		EMAIL
(City) Washington DC	(State)	(Zip Code) 2005

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	0
		TOTAL 0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0
Compensation	Amount 52,356.00
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

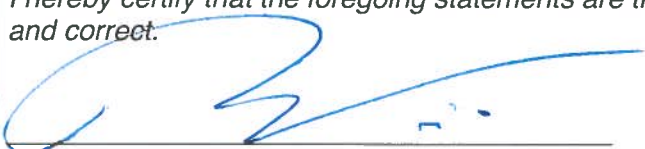

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

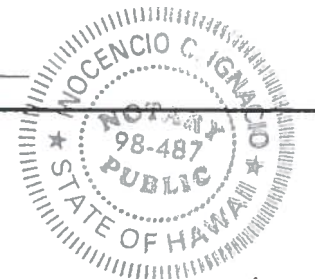
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Short Term Rental Regulation	4. Policy affecting hotel and lodging operators
2. LUO Amendments	5. Policies affecting members of AHLA
3. Policy related to housing and homelessness	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 19- January - 2018 DATE	Subscribed and sworn to before me This 19 th day of January, 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: Sept. 24, 2018
--	---



Doc. Date: JAN 19 2018 # Pages: 2
Name: Inocencio C. Ignacio First Circuit
Doc. Description: Annual Report

Inocencio C. Ignacio JAN 19 2018
Signature Date
NOTARY CERTIFICATION



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

1.20.18
HONOLULU
ETHICS COMMISSION
RECEIVED

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

18 JAN 19 AIO :42

PART I LOBBYIST		
NAME (Last) (First) (Middle) McClellan, WilliamHenry Kekoa		TELEPHONE 8083937937
MAILING ADDRESS (Street) 87855 C Farrington Hwy.		FAX
		EMAIL kekoamcclellan@gmail.com
(City) Maili	(State) HI	(Zip Code) 96792
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) The McClellan Group, LLC		TELEPHONE 8083937937
MAILING ADDRESS (No. and Street or P.O Box) 87855 C Farrington Hwy.		FAX
		EMAIL kekoamcclellan@gmail.com
(City) Maili	(State) HI	(Zip Code) 96792

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Park Hotels and Resorts Inc.		TELEPHONE 703.584.7979
MAILING ADDRESS (No. and Street or P.O Box) 1600 Tysons Blvd. 10th floor		FAX
		EMAIL
(City) Mclean	(State) VA	(Zip Code) 22102

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	0
		TOTAL 0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0
Compensation	Amount 10,237.50
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


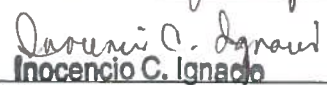
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

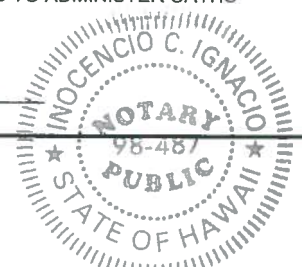
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. 303 _____ (Year) 2017 Admin. Rule No. _____ Dept. DPP _____
<input checked="" type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. LUO Amendments	4. Policies related to the Department of Planning and Permitti
2. Policies affecting hotel owners and operators	5. Policies related to the Department of Design and Construct
3. Policies related to the General Plan and Transportation	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>14 - Jan - 2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This 19th day of January, 2018.</p> <p>By:  Innocencio C. Ignacio</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: Sept. 14, 2018</p>
---	--



Doc. Date: JAN 19 2018 # Pages: 2
Name: Inocencio C. Ignacio First Circuit
Doc. Description: Grand Report

Inocencio C. Ignacio JAN 19 2018
Signature Date

NOTARY CERTIFICATION



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>HONOLULU
ETHICS COMMISSION
RECEIVED

THIS SPACE FOR OFFICE USE ONLY

71.12.18
18 JAN -8 P4:10**ANNUAL REPORT**Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Middlebrook, Matt		TELEPHONE (415) 389-6800
MAILING ADDRESS (Street) c/o 2350 Kerner Blvd., Ste. 250		FAX (415) 388-6874
		EMAIL airbnb@nmgovlaw.com
(City) San Rafael	(State) CA	(Zip Code) 94901
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) N/A		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Airbnb, Inc. ✓		TELEPHONE (415) 389-6800
MAILING ADDRESS (No. and Street or P.O. Box) c/o 2350 Kerner Blvd., Ste. 250		FAX (415) 388-6874
		EMAIL airbnb@nmgovlaw.com
(City) San Rafael	(State) CA	(Zip Code) 94901

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other Travel: \$2,000	
		TOTAL \$2,000	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0.00
Compensation	Amount \$3,200.00
Contributions	Amount 0.00
Membership Fees	Amount 0.00
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

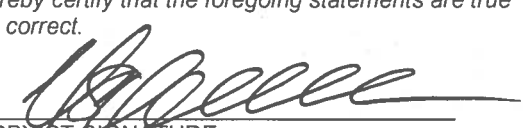
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Short-term rental regulations		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Resolution 17-163; Adopted	4.
2. Resolution 17-164; Adopted	5.
3. Resolution 17-052, CD1; Adopted	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>DATE 1/5/18</p>	<p>Subscribed and sworn to before me</p> <p>This ____ day of _____, _____.</p> <p>By: _____</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p>
--	--

PLEASE SEE ATTACHED

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

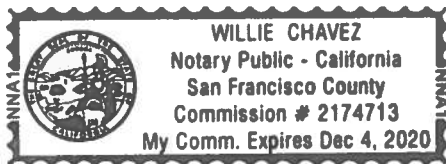
State of California
 County of SAN FRANCISCO

Subscribed and sworn to (or affirmed) before me
 on this 5TH day of JANUARY, 2018,
 by Date Month Year
 (1) MATTHEW MIDDLEBROOK

(and (2) _____),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature 
 Signature of Notary Public

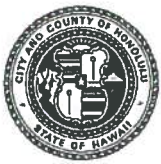


Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
 Title or Type of Document: LOBBYIST ANNUAL REPORT Document Date: 1/5/18
 Number of Pages: 1 Signer(s) Other Than Named Above: _____

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>THIS SPACE FOR OFFICIAL USE ONLY
HONOLULU
ETHICS COMMISSION
RECEIVED

21-12-18

18 JAN -9 P3:01

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) MIRIKITANI, RICHARD K.		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL rmirikitani@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817


PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE JAN - 5 2018 DATE	Subscribed and sworn to before me This <u>5th</u> day of <u>January</u> , 2018. By: KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires June 14, 2020

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>THIS SPACE FOR OFFICE USE ONLY
HONOLULU
ETHICS COMMISSION
RECEIVED

91-12-18

18 JAN -9 P3:01

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) MIRIKITANI, RICHARD K. ✓		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL rmirikitani@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE PROPERTIES, INC. ✓		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


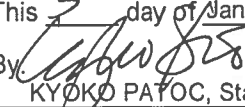
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

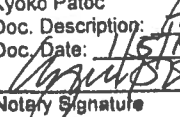
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

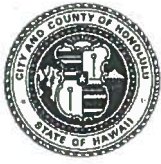
PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>JAN - 5 2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This 5 day of January</p> <p>By </p> <p>KYOKO PATOC, State of Hawaii</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:</p> <p>June 14, 2020</p>
--	--

KYOKO PATOC
 Notary Public
 State of Hawaii
 Doc. Description: Annual Report
 Doc. Date: 1/5/18
 # Pages: 2
 Notary Signature: 
 Date: 1/5/18

Rev. 12/2017

Deadline: January 10th of Each Year
 NOTE: This is a public document

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>HONOLULU
ETHICS COMMISSION
RECEIVED

21-12-18

18 JAN -9 P 3:02

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle) MIRIKITANI, RICHARD K.		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL rmirikitani@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE, INC. ✓		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE JAN - 5 2018 DATE	Subscribed and sworn to before me This <u>5th</u> day of January, 2018 By:  KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: June 14, 2020
---	---

Kyoko Patoc

Doc. Description:

Doc. Date: 12/15

Notary Signature

First Judicial Circuit

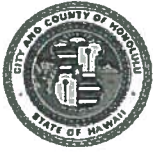
Amended Report

Pages: 12

NOTE: This is a public document

Rev. 12/2017

Deadline: January 10th of Each Year



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICIAL USE ONLY
HONOLULU ETHICS COMMISSION
RECEIVED

81-12-18

'18 JAN 11 P3:41

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Morris, George A. "Red"		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL gamorrisinc@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551
MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, Suite 401		FAX (808) 531-4551
		EMAIL gamorrisinc@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) American Chemistry Council		TELEPHONE (916) 448-2581
MAILING ADDRESS (No. and Street or P.O. Box) 1121 L Street, Suite 609		FAX (916) 442-2449
		EMAIL Tim_Shestek@americanchemist
(City) Sacramento	(State) CA	(Zip Code) 95814

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
TOTAL -NA-			

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$4,250
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

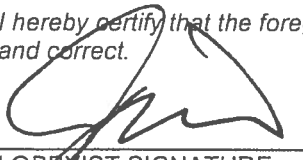
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

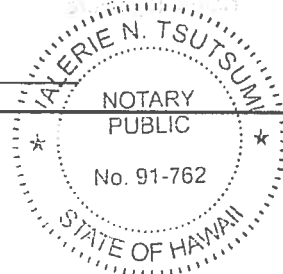
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Bill 17-71 Deferred	4. Resolution 17-311 Introduced
2. Bill 17-73 Deferred	5. Resolution 17-340 Introduced
3. Bill 17-108 Introduced	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE DATE <u>1/10/18</u>	Subscribed and sworn to before me This <u>10th</u> day of <u>January</u> , <u>2018</u> By: <u>Valerie N. Tsutsumi</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>September 13, 2019</u>
--	--



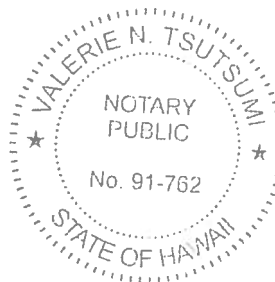
CERTIFICATION ON BACK

Doc. Date: 01/10/2018 # Pages 2

Notary Name: Valerie N. Tsutsumi First Circuit

Doc. Description Honolulu Ethics Commission
Annual Report

Valerie N. Tsutsumi 01/10/2018
Notary Signature Date





HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

03-28-18

'18 MAR 28 P1:12

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Morris, George "Red" A.		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL red.morris@808cch.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551
MAILING ADDRESS (No. and Street or P.O Box) 222 South Vineyard Street, suite 401		FAX (808) 533-4601
		EMAIL red.morris@808cch.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Charley's Taxi		TELEPHONE (808) 233-3333
MAILING ADDRESS (No. and Street or P.O Box) 1451 S King Street, Suite 300		FAX
		EMAIL dale@charleystaxi.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL n/a	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$1,047.12
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

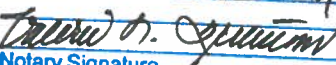
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

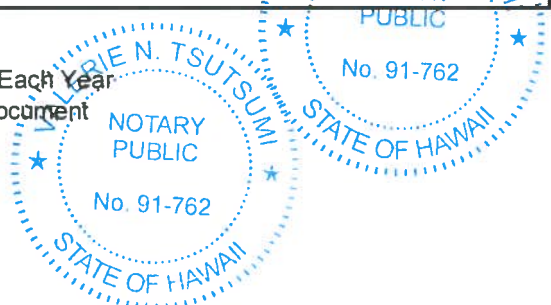
1. Bill 16-65 Re-referred	4. Bill 17-36 Passed Third Reading
2. Bill 16-55 passed	5. Bill 17-85 Re-referred
3. Bill 16-56 Re-referred	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p> LOBBYIST SIGNATURE</p> <p><u>3/21/18</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>21st</u> day of <u>March</u>, <u>2018</u></p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER PATHS VALERIE N. TSUTSUMI My commission expires: <u>September 13, 2019</u></p>
--	--

Doc. Date: 03/21/2018 # Pages 2
 Notary Name: Valerie N. Tsutsumi First Circuit
 Doc. Description: Annual Report

 Notary Signature
03/21/2018
 Date

Deadline: January 10th of Each Year
 NOTE: This is a public document



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

**HONOLULU
ETHICS COMMISSION
RECEIVED**

201-22-18

18 JAN 10 P7:04

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) MURAKAMI, JAYLEN, E		TELEPHONE (808) 591-6508
MAILING ADDRESS (Street) 850 RICHARDS STREET, SUITE 201		FAX
		EMAIL JAYLEN@HIPHI.ORG
(City) HONOLULU	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HAWAII PUBLIC HEALTH INSTITUTE✓		TELEPHONE (808) 591-6508
MAILING ADDRESS (No. and Street or P.O Box) 850 RICHARDS STREET, SUITE 201		FAX
		EMAIL
(City) HONOLULU	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount \$95.27	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	\$95.27

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


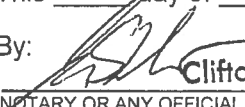
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

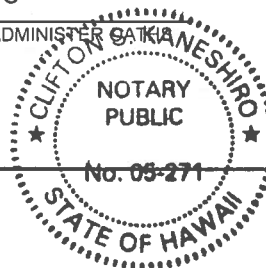
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Bill 70, passed	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/9/18 DATE	Subscribed and sworn to before me This _____ day of JAN 09 2018 By:  Clifton S. Kaneshiro NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: My Commission Expires: May 8, 2021
---	--

See attached Notary Certificate



Doc. Date: JAN 09 2018 # Pages: 2
Notary Name: Clifton S. Kaneshiro First Circuit
Doc. Description: Amended Report (Stamp or Seal)
[Signature] 1/09/2018
Notary Signature Date

